

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Governor's Office		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address State Capitol			
Area Code/Phone Number (916) 445-0873	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary			

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name	First Name	<input checked="" type="checkbox"/> Other	Hannover Fairs USA, Inc.	
100 W. Broadway, Suite 210		Long Beach	CA	90802	
Address		City	State	Zip Code	

Event organization

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name	\$	Amount	Name	\$	Amount
------	----	--------	------	----	--------

3. Payment Information

Date and Amount of Payment (other than travel)	2/4-9/09	\$	2,034
	(month, day, year)		(Round to whole dollars)

Travel Payment Information (Round to whole dollars)	Location of Travel					Germany (Hannover & Berlin)
2/4/09 - 2/8/09	\$ 1,139	\$ 747	\$ 148	\$ 0	\$ 2,034	
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses	

Provide a specific description of the nature and use of the payment for official agency business:

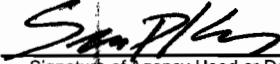
Hannover Fairs paid travel expenses for a member of the Governor's staff to perform advance work for the Governor's trip to Germany.

Identify the officials for whom the payment was used:

Fox	Will	Deputy Chief of Staff	
Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Susan Kennedy	Chief of Staff	3/14/08
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)